

SUPPLEMENTAL QUESTIONNAIRE CLIENT SERVICES PROGRAM SPECIALIST I/II

NAME: _____
(Last) (First) (Middle Initial)

SOCIAL SECURITY NUMBER: _____

You must complete and submit responses to this application supplemental questionnaire in order to participate in this recruitment. Based on your responses to this supplemental questionnaire, your job-related training and experience will be evaluated using a pre-determined formula. Scores from this evaluation will determine the applicant ranking and placement on the eligible list.

Resumes, letters, and other materials will not be evaluated or considered by the rating panel as responses to the items in the supplement.

NOTE: Indicating no experience in a specific area will not disqualify you from consideration.

Please attach your typewritten responses to questions 3 – 5 to this sheet and submit with your application form.

JOB-RELATED TRAINING AND EXPERIENCE

1. Do you want to be considered for a Spanish bilingual position?
Circle the **YES** box to generate an appointment for the Spanish language skills examination. YES ☐ NO ☐

2. Would you like to be considered for Client Services Program Specialist I? YES ☐ NO ☐

3. Would you like to be considered for Client Services Program Specialist II? YES ☐ NO ☐

4. Please describe your experience interviewing to determine consumer needs.

5. Please describe your experience requesting and obtaining financial information and personal history from consumers.

6. Please describe your experience working in a medical, public health, or public assistance setting.

7. Please describe your experience determining eligibility for public assistance programs.

I certify that all information contained in my responses to the Supplemental Questionnaire are true and correct to the best of my knowledge and I authorize Placer County to verify the information provided in my responses.

Candidate Signature: _____